

Disenrollment Assessment Family Residential & Scher Living

►ESM Client ID:	
Provider ID:	

Failing Residential & Sober Living										
		Children		Provider I	_D .					
THE PART OF PUBLIC PARTY.					-	Flovidei ID.				
All Questions marked with a ▶ must be completed						Boxes marked with ★ = Refer to key at end of form				
Solve manda min / Note to bey at one of form										
•	Disenrollment Date: I mm dd yyyy									
•	Disenrollment Reason: Select one									
	Parent Completed Parent Administrative/non-compliant Parent Left Against Counselor's Advice Parent Inappropriate (Level of Care)									
	Parent Dropped Out Parent Incarcerated Parent Hospitalized, Medical Parent Deceased									
	Parent Relapsed Family Transferred to another SA Program Parent Hospitalized, Mental Health DCF or Guardian Removed Child									
		First Name:	N	liddle In	nitial: Last Name:		Suffix:			
•	1. Client Code:									
▶ 3. Client Type Collateral										
_	_	Disab Bi	4 🗆 🗸 🗆		▶ 5a.	Deferred to	Self Help 2 No			
	4.	Discharge Plan	1 Yes 2 No		▶ 5a.	. Referred to	Self Help 2 (2010)			
	5b. Frequency of attendance at self-help programs in the last 30 days or since admission if in treatment less than 30 days. (e.g. A, NA)									
•	6.	Client referrals at o	disenrollment (refe	rral #1 is	is required, referral #2 & 3 are optional)		See manual for what determines a referral.			
	•-		+		<u> </u>		*			
		Referral #1	Referra	I #2	L Re	eferral #3				
			Γ	$\overline{}$	A Number of days and day	!! 4l 4	20. days an alman			
	7.	Employment statu	us at Disenrollment:	9	8. Number of days worked enrollment if in treatment					
_							mity 55 days			
	9.	. Number of arrests	s in the last 30 days or since	admissi	sion if in treatment less than 30 days.		If Unknown use 99			
					Collaterals End Here					
					★ Q 6. Referral at Disenrollment					
Cod	_			Code	T Q 0. Referral at Disemoniment	Code				
	_	Change Referral Not I	Needed – Assessment indicates	0000						
00		that client does not re-	quire to enter formal treatment.	20	Change Health Care Professional, Hospita	al	67 Discontinued			
0.5			eded – Appropriate Mental	0.4						
95		Health Services Alrea	ndy in Place. Needed – Appropriate	21	Emergency Room	68	Office of the Commissioner of Probation			
96			ervices Already in Place.	22	HIV/AIDS Program	69	Massachusetts Parole Board			
97		Referral Not made – 0		23	Needle Exchange Program	70	Dept. of Youth Services			
98		Referral Attempted – I			24 through 25 Discontinued	71	Dept. of Children and Families			
01		Self, Family, Non-med	dical Professional	26	New Mental Health Care Professional	72	Dept. of Mental Health			
02		BMC Central Intake/R	loom 5		26 through 29 Discontinued	73	Dept. of Developmental Services			
03	_	ATS/Detox		30	School Personnel, School System/College		Dept. of Public Health			
04		Transitional Support S		31	New Recovery High School	75	Dept. of Transitional Assistance			
05 06		Clinical Stabilization S		40	32 through 39 Discontinued	77	76 Discontinued			
06		Residential Treatment Outpatient SA Counse		40	Supervisor/employee Counselor 41 through 49 Discontinued	77 78	Mass Rehabilitation Commission Mass Commission for the Blind			
07		Opioid Treatment	JIII19	50	Shelter	79	Mass Commission for the Deaf and Hard of Hearing			
09		Drunk Driving Program	n	51	Community or Religious Organization	80	Other State Agency			
10		Acupuncture			52 through 58 Discontinued	81	Division of Medical Assistance/Mass Health			
11		Gambling Program		59	Drug Court					
		12 & 13 Discontinued			60 through 63 Discontinued	99	Unknown			
14		Sober House		64	Prerelease, Legal Aid, Police					
		15 Discontinued			65 through 66 Discontinued	_				
16	_	New Recovery Suppo								
17		Second Offender Afte								
18		Family Intervention Pr			1					
19		Other Substance Abus	se i reatment							